

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028963

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 773A

STATE FILE NUMBER

FILED AUG 28 1961

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

SPRINGFIELD, MO

Length of stay in 1b

2 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

GREENE

c. CITY

OR TOWN

SPRINGFIELD, MO

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

CITY HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1117 S. OVERHILL

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RHODA

ARDENNE

SEVERN

4. DATE OF DEATH

Month

Day

Year

AUGUST 14 1961

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-4-1961

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

5

10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHILD

10b. KIND OF BUSINESS OR INDUSTRY

GREENE CO MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

DOLOAN SEVERN

13b. MOTHER'S MAIDEN NAME

ALPHA MAE FELLOWS

14. NAME OF HUSBAND-OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

DOLOAN SEVERN SPRINGFIELD, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dehydration

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute gastroenteritis

5 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-14-61

to

8-14-61

and last saw him alive on

8-14-61

Death occurred at

4:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Don E. Munchetti MD

22b. ADDRESS

1630 N Jefferson

22c. DATE SIGNED

8-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

AUG 15, 1961

23c. NAME OF CEMETERY OR CREMATORY

STEWART CEMETERY

23d. LOCATION (City, town, or county)

WEBSTER CO MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

Kelley-Ferrell FORDLAND, MO

25. DATE REC'D. BY LOCAL REG.

8-22-61

26. REGISTRAR'S SIGNATURE

Effie B. Meehan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Decesed was not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.